SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)

JUL 23 2018

Bayfield Co. Zoning Dept.

ENTER	Rermit #:	18-0277
-	Date:	8-2-18
	Amount Paid:	4345 7-23-18
	Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.

DO NOT START CONSTR	RUCTION U	INTIL ALL PERMITS H	IAVE BEEN ISSUED	TO APPLICA	NT.		FILL	OUT IN INK	(NO PENCIL)		
TYPE OF PERMIT RE	QUESTE	D- IV LANI	USE SAN			CONDITIONA		IAL USE	B.O.A. [	OTHER_	BILL I
Owner's Name: Michael JK,	IPATR	ick	÷	Mailing A	Δ .		/State/Zip:			hone:	A
Debra L KR Address of Property:	Ause			579	Andel th	ENE HA	gnover MA	15534	11		
33265 Wh	Frag	Rd		R A C	Zip:	consin 5		Cell Phone: 612 802 69			
Contractor:	11009	7100		Contracto	r Dhonor	Disastran				ber Phone:	6/
Jim Steffe	eNSON	/		715-20	19-1852	Mike Ki	1patrick			2 802 6	967
Authorized Agent: (Per	rson Signing	g Application on behal	f of Owner(s))	Agent Pho	one:	Agent Mailing Ad	Idress (include City/S	tate/Zip):		en Authoriza	
PROJECT LOCATION	Legal De	escription: (Use T	ax Statement)	Tax ID#	6731		Deals 1	Recorded Do	cument: (i.e. F		
NE 1/4,	5W 1	14	Lot(s)	CSM	Vol & Page	Lot(s) No			V 1059		
		vnship <u>50 r</u>	04		Town of:	Į.		Lot Size	Ac Ac	reage	_
Section _ 3 S					BAYL	liew		Lot Size APLOXIAN 530 × 7	00	7,716	
	☐ Is Pro	perty/Land withing r Landward side o	n 300 feet of Rive	er, Stream	(incl. Intermittent)	Distance Stru	cture is from Shor	f	Is Property in	TO STANDED STORES	etlands
☐ Shoreland →		perty/Land withir				Distance Star	ratura la francische		loodplain Zon		ent? Yes
	No	perty/ Land Within	1 1000 leet of Lai		continue —		icture is from Shor	eline : feet	No		No
☐ Non-Shoreland					77.30						
Value at Time		Charles and the	TENERO DE LO					A STREET, SQUARE			
of Completion						# of bedrooms		What Type		The second second	ype of
* include donated time &		Project	# of Storie	S	Foundation	in		er/Sanitary	V	Vater on	
material					والتكفي	structure		on the prop	ertyr	pr	operty
<u> </u>		Construction	1-Story	<u> </u>	Basement	□ 1	☐ Municipal/(				City
\$ 115,000	☐ Conve	on/Alteration	☐ 1-Story + I☐ 2-Story	Loft	Foundation	<b> </b>	☐ (New) Sanit				Well
<del>-</del>		ate (existing bldg)					Sanitary (Ex				
	□ Run a	Business on			Use	None	☐ Portable (w,				
	Prope	rty	·	**	Year Round		☐ Compost To	ilet			
							□ None				
Existing Structure: Proposed Constructure		it being applied fo	r is relevant to it		ength: 40		Width: 34 Width: 36	£+	Height:	16 plas	bAsen
Proposed Use		/		Pro	posed Structu	ire		Dim	ensions	Squa	are
		☐ Principal	Structure /first	10000						Foota	
	_		Structure (first e (i.e. cabin, hu				<del></del>	(40	X 24 )	960	)
Rec'd for Issua  ✓ Residential U			with Loft	THE STICK	C 18 s			(	X )		:
			with a Porch	1	61 65	1		(	х )		
AU3 0 1 20	18 _		with (2 <sup>nd</sup> ) Po	25 10 10 10				(	х )		
Constal 1 0	-		with a Deck with (2 <sup>nd</sup> ) De		- 181-	6.8		(	X )	81	
Secretarial Sta	Jse –	J	with Attache			7		1	X )		- 1
		☐ Bunkhous				or 🛘 cooking 8	& food prep facilitie	5) (	x )		
			ome (manufactu			, <u></u> = 500king 6	ood propracmitle	(	x )	, ,	1 .
		/	/Alteration (sp		dition to	existing,	home	136	x 36 )	1296	
☐ Municipal Us	e	☑ Accessor	y Building (sp	ecify) A	Hached	CARAGE		124	x 281	672	
		☐ Accessor	y Building Addi	tion/Alte	ration (specify	1)	THE	1	х )		
19		yelpek j. J.	-76 1		The Total	114 1935	Company of the Company	9.7	Litary		
			se: (explain)					James J.	x )	I Marie II	
			nal Use: (explain					(	х )		
		Other: (ex	kplain)				I PARTITION	(	X )		
I (we) declare that this app (are) responsible for the de result of Bayfield County in property at any reasonable Owner(s): (If there are Multiple	elication (included and accuratelying on this affirms for the	uding any accompanying uracy of all information I s information I (we) am purpose of inspection.	g information) has bee (we) am (are) providir (are) providing in or w	n examined by ng and that it w vith this applica	me (us) and to the bill be relied upon by ation. I (we) consent	pest of my (our) knowl Bayfield County in de to county officials cha	etermining whether to issuaged with administering	correct and complue a permit. I (we)	ete. I (we) acknow	bilitar malatala manus	L
Authorized Agent:	()f you	are signing on beha	If of the owner(s)	a latter of -	uthorization	et 2000	andless.	Date _			
									Attach		
Address to send per	rmit <u>3</u>	11 Junde	1 Hve N	t, H	anyver 1	MN 553	If you recently p		opy of Tax S		eed

Show Location of: **Proposed Construction** (1) Show / Indicate: North (N) on Plot Plan (2)

(\*) Driveway and (\*) Frontage Road (Name Frontage Road) Show Location of (\*): (3)

All Existing Structures on your Property Show: (4)

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) Show: (5)

Show any (\*): (6)

Show any (\*): (7)

Whyting Rd

Whyting Rd

Proposed

Structure

mplete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	nent	Description	Measur	rement	
Setback from the Centerline of Platted Road	65	Feet	Setback from the Lake (ordinary high-water mark)	NA	Feet	
Setback from the Established Right-of-Way		Feet	Setback from the River, Stream, Creek	NA	Feet	
F-MANAGE CO.			Setback from the Bank or Bluff	NA	Feet	
Setback from the North Lot Line	60	Feet				
Setback from the <b>South</b> Lot Line	5.20	Feet	Setback from Wetland	NA	Feet	
Setback from the West Lot Line	150	Feet	20% Slope Area on the property	☐ Yes	₽No	
Setback from the <b>East</b> Lot Line	300	Feet	Elevation of <b>Floodplain</b>		Feet	
Setback to Septic Tank or Holding Tank	50	Feet	Setback to Well		Feet	
Setback to Drain Field	80	Feet				
Setback to Privy (Portable, Composting)	NA	Feet				

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	3967	# of bedrooms:	Sanitary Date:	3/10	92				
Permit Denied (Date):	Reason for Denial:									
Permit #: 18-097	Permit Date: 8-2-	Permit Date: 8-2-18								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes   (Deed of Record)   Yes   (Fused/Contigue)   Yes	ous Lot(s)) 💢 No	Mitigation Required Mitigation Attached	☐ Yes No ☐ Yes No	Affidavit Required Affidavit Attached	□ Yes □ Yes	No No				
Granted by Variance (B.O.A.)  ☐ Yes X No Case #:		Previously Granted by		se #:						
Was Parcel Legally Created Was Proposed Building Site Delineated  ★Yes □ No	Plot Plan	Were Property Lines Represented by Owner  Was Property Surveyed  Wes No  No								
Plot plan. Project appearance is 2 bedrooms with	staked but v is code complia no additional	was apparent land land bedrooms add	passed or and addring Programmed during Programmed	Zoning District Lakes Classification						
Date of Inspection: 7/31/18	Inspected by: 10 d	ld Norword		Date of Re-Inspe	ection:					
Condition(s): Town, Committee or Board Conditions Atta	ched? ☐ Yes ☐ No – (If	No they need to be atta	ached.)	UDC THE	estron					
A Uniform Dwelling Code agency must be obtained	(UDC) permit	trong the loca	ily whomen	t made and	1					
agency must be obtained	prior to the :	Start of Comm	inestate, 1445	T press our						
Madatain Set-backs.										
Signature of Inspector: Todd Norwov	l de la companya del companya de la companya del companya de la co			Date of Appr	roval: 8	1/18				
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affi	davit: 🗆	Hold For Fees:	□						

### City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - 163967
SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0277 Debra Krause & Michael Kilpatrick Issued To: No. Par in **Bayview** Location: NE SW 1/4 Section Township **50** Range 4 Town of Par in Gov't Lot 3 Subdivision CSM# Block Lot

For: Residential Addition / Alteration: [ 1- Story; Addition (36' x 36') = 1,296 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Todd Norwood** 

Authorized Issuing Official

August 2, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** 

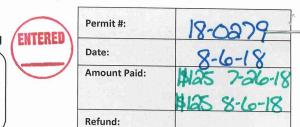
Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit

#### APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**





INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONS																	
TYPE OF PERMIT I	REQUEST	TED→	XLAN	D USE	SANITA	Contraction of the Contraction o		СО	NDITION	*****		ECIA	AND DESCRIPTION OF THE PERSON NAMED IN	☐ B.O.	A. 🗆	ОТН	ER
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Contractor:			7 0 0	.7		tractor Ph	none:	Plumi	per:	10	PROBLE	£0	K)	,	Plumb	er Pho	ne:
Authorized Agent: (	Person Sigr	ning Appl	ication on beha	If of Owner(s))	Agei	nt Phone:					s (include City					n Auth	orization
PROJECT	Legal Description: (Use Tax Statement)  Recorded Docume												d Document	☐ Yes t: (i.e. Pr	□ N operty	Ownership)	
LOCATION											•	45	71	003			
											2.0cm(s) 1101						
Section 2	<u>2</u> ,т	ownshi	50	N, Range	1 w		BAT	vi	EW			1	31)	x308	Acre	age	1
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☐ Shoreland —	•		//Land withir		of Lake, Po	nd or Flo		Dis	stance Stru	uctur	e is from Sho	oreli		Floodpla	/es	?	Present? ☐ Yes  ▼ No
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Value at Time				The least			an of the state	7				- Supplier				A V = 1	
of Completion									#			w	hat Ty	pe of			
* include donated time &		Proje	ct	# of St	tories	Fou	indation		of					ry System	1		Water
material								be	drooms		l l	s on	the pr	roperty?			
	New	v Const	truction	X 1-Stor	У	☐ Ba	sement		1		Municipal	/City	/				☐ City
SARRAR	☐ Add	ition/	Alteration	☐ 1-Stor	y + Loft	Foundation			□ 2 □ 3		(New) Sanitary Specify Type:  Sanitary (Exists) Specify Type:			ify Type: _			₩well
\$ 90,000		versio		2-Stor	У									cify Type: _			
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Date (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) **Attach** 54814

**Copy of Tax Statement** 

low: Draw or Sketch your Property (regardless of what you are applying for) **Proposed Construction** Show Location of: North (N) on Plot Plan Show / Indicate: (2) (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road) Show Location of (\*): (3) All Existing Structures on your Property (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) Show: (4)Show: (5) WHITIN (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond Show any (\*): (6)(\*) Wetlands; or (\*) Slopes over 20% Show any (\*): (7)88' 32 NORTH South Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)

Description	Measureme	nt		Description	Measurement
Setback from the <b>Centerline of Platted Road</b>	341	Feet Feet		Setback from the <b>Lake</b> (ordinary high-water mark) Setback from the <b>River</b> , <b>Stream</b> , <b>Creek</b>	Fee Fee
Setback from the Established Right-of-Way	326	reet		Setback from the Bank or Bluff	Fee
Setback from the <b>North</b> Lot Line	326	Feet Feet		Setback from <b>Wetland</b>	Fee
Setback from the <b>South</b> Lot Line Setback from the <b>West</b> Lot Line	913	Feet		20% Slope Area on the property	☐ Yes ☐ No
Setback from the <b>East</b> Lot Line	188	Feet		Elevation of Floodplain	
Setback to <b>Septic Tank</b> or <b>Holding Tank</b>	78	Feet		Setback to Well	<b>60</b> Fe
Setback to <b>Drain Field</b>	15	Feet			
Setback to Privy (Portable, Composting)	t of the minimum require	Feet ed setback, t	the b	boundary line from which the setback must be measured must be visible from or	ne previously surveyed corner to t

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the purpose of the proposed site of the structure, or must be one previously surveyed corner to the other previously surveyed corner.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

	Sanitary Number:	1	f of bedrooms:	Sanitary Date:
Issuance Information (County Use Only)				
Permit Denied (Date):	Reason for Denial:			
Permit #: 18-0a79	Permit Date: 8-6-	18		V
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Reconing	ous Lot(s)) No	Mitigation Required Mitigation Attached	Yes No	Affidavit Required
Granted by Variance (B.O.A.)		Previously Granted by  Yes No	y Variance (B.O.A.) Case	
Was Parcel Legally Created  Yes □ No	Stakes		es Represented by Owner Was Property Surveyed	Yes
Inspection Record: Site was stand, found blazes from former timber horse	steppas Property	line 86-88" to	code compliant	Zoning District ( 🔨 ) Lakes Classification ( )
	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Att  Structure Shall not be use  Water in Structure without  Maintain 75 ft set bac	ached? Yes No-(IF No d for human had approved connected to property line	they need to be att. bitchen / Slacker to Pare	ached.) expired purposes with Structure	. No pressorized must meet and
Signature of Inspector:				Date of Approval:
Hold For Sanitary:  Hold For TBA:	Hold For Affida	avit:	Hold For Fees:	

## City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - None
SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-0	279	Ì		ssuec	I То: <b>Da</b>	To: David Olson								
Par in Location:	SW	1/4	of	SE	1/4	Section	32	Township	50	N.	Range	4	W.	Town of	Bayview
Gov't Lot			L	_ot		Blo	ck	Subdivision						CSM#	

For: Residential Principal Structure: [1-Story; Pole Shed (72' x 40') = 2,880 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain 75 ft setback.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

### **Todd Norwood**

Authorized Issuing Official

August 6, 2018

Date